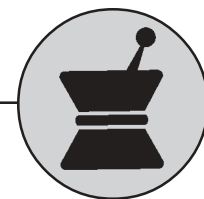


PRESCRIPTION DRUG PLAN - 2006



Administered by PharmaCare • 1-888-347-5329 • www.pharmacare.com

Retail Pharmacy Deductible
\$100/Member
\$300/Family

Mail Order Pharmacy Deductible
\$0/Member
\$0/Family

Out-of-Pocket Maximums
Each Prescription \$250
Each Member \$1,400/year
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$18 If Rx cost is \$18+	• Actual pharmacy charges • 20% coinsurance (\$18 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$26 If Rx cost is \$26+	• Actual pharmacy charges • 30% coinsurance (\$26 minimum)	• \$60 copay + 30% of cost over \$400*

* For prescriptions costing more than \$400 for a 90-day supply, call PharmaCare to determine the total out-of-pocket cost.

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all state employees and retirees. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family annual deductible. If you use a pharmacy in the PharmaCare Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 28-30 of this booklet or on the PharmaCare website at www.pharmacare.com.

Formulary drug listings can also be found at the PharmaCare website.

Mail Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail order pharmacies are: PharmaCare Direct (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail order forms are available at Employee Benefits or at the PharmaCare website at www.pharmacare.com.

PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs.

PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact PharmaCare at 1-888-347-5329 to inquire if this may apply to your prescription.

SPECIALTY PHARMACY

This program provides assistance and resources for members with special needs who take high dollar oral, intravenous, or injectable medications for conditions such as Multiple Sclerosis, Rheumatoid Arthritis, Cancer, and Hepatitis. Call 1-866-856-2093 for more information.

MEDICARE PRESCRIPTION COVERAGE FOR RETIREES

The new Medicare Prescription drug program enrollment begins November 1, 2005 and retirees (age 65+) will need to decide whether to enroll. Keep in mind that the State's prescription drug plan has been determined to be equal to or better than the coverage offered by Medicare. Enrollment in the Medicare Prescription Drug plan could jeopardize your continuation with the State plan. Please check our website for more information (www.hr.mt.gov) and plan to attend an Annual Change presentation (listed on page 3) for your opportunity to ask questions.